

CRITERIA FOR PRIOR AUTHORIZATION

Opioid Use Dependence (OUD) Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drugs require prior authorization:

- Buprenorphine (Subutex®)
- Any national drug code (NDC) used for opioid dependence and not on the Fee-For-Service (FFS) Covered Outpatient Drug (COD) file with benefit plans as of 09/10/2020.

CRITERIA FOR BUPRENORPHINE (Subutex®) Must meet all of the following:

- Patient must have a diagnosis of opioid dependence
- Patient must be actively involved in addiction treatment
- Prescriber must have a current XDEA number (DATA 2000 waived)
- Prescriber must practice in Kansas or a border city and be an enrolled provider with plan
- Daily dose of buprenorphine must not exceed 24mg
- Patient must not be prescribed benzodiazepines concurrently
- Benzodiazepine claims will deny for 30 days after last Buprenorphine fill if not in consultation with the buprenorphine prescriber
- Patient must meet one of the following:
 - Patient must be pregnant
 - Patient must have a documented medical allergy to naloxone
- For all agents listed, the preferred PDL drug, if applicable, which covers this indication, is required unless the patient meets the non-preferred PDL PA criteria.

CRITERIA FOR ALL NDCs FOR OPIOID USE DEPENDENCE, NOT ON FFS COD FILE WITH BENEFIT PLANS BY 9/10/2020 Must meet the following:

- Patient must have had an adequate trial (at least 15 days) of ALL ~~preferred-NDC's of~~ OUD agents on the Preferred Drug List (PDL) COD file with benefit plans by 9/10/2020.

RENEWAL CRITERIA Must meet all initial criteria and the following:

- Patient has not received any other narcotic agents since last prior authorization approval
- Prescriber has reviewed the patient's K-TRACS profile and confirmed the patient is not receiving any narcotic agents in addition to their buprenorphine agent (information regarding the K-TRACS program may be found on The Kansas Board of Pharmacy web site, currently available at <https://pharmacy.ks.gov/k-tracs>)
- If patient has received opioids the prescriber must validate the reason for use and include information regarding the patient treatment plan

LENGTH OF APPROVAL 3 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE